Important Advances in Clinical Medicine

Epitomes of Progress—Radiology

The Scientific Board of the California Medical Association presents the following inventory of items of progress in Radiology. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in Radiology which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Radiology of the California Medical Association and the summaries were prepared under its direction.

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The Present Status of Retrograde Cholangio-Pancreatography

RETROGRADE CHOLANGIO-PANCREATOGRAPHY is a valuable new diagnostic technique for the radiographic diagnosis of diseases of the biliary tree and pancreas. With the development of the side-viewing fiberoptic duodenoscope, it is possible to cannulate the ampulla of Vater under direct vision through the endoscope and to inject radiographic contrast material retrograde into the pancreatic duct or the common bile duct. In this way radiographs showing the pancreatic ducts and its branches can be made, whereas before such pancreatograms were possible only intra-operatively. Tortuosity, stricture, dilitation, obstruction and calculi in the main duct or its branches are findings in chronic pancreatitis, while carcinoma of the pancreas may cause displacement, narrowing or obstruction of the duct. Cannulation of the common bile duct permits opacification of the biliary tree in the presence of impaired liver function and biliary tract obstruction. Gallstones, tumors and strictures of the common duct can be diagnosed when duct obstruction renders radiographic visualization by intravenous cholangiography impossible, and without the risk of bile peritonitis or hemorrhage associated with transhepatic cholangiography.

The technique is currently in a phase of enthusiastic evaluation, typical of all new diagnostic modalities, in which the indications, complications and diagnostic value are being defined. The difficulty of the cannulation should not be underestimated. Despite the fact that several endoscopists report a high success rate, most series indicate that failures are numerous until expertness is obtained. The cost of the examination is extremely high, as it takes from thirty minutes to two hours of both an endoscopist's and a radiologist's time, it occu-